

**I. COMMUNITY/NEIGHBORHOOD PREVENTION, EARLY
INTERVENTION SERVICES (services 1-23)
Families with Children**

Service 1: Community Services Information and Referral.

Description: A central phone line or call center where community residents can find out about child welfare program services and benefits and the procedures for obtaining or using them. The call center helps people find other appropriate resources and sources of help. Examples include human service hotlines or 211 numbers. Child abuse hot lines are covered under item 24.

Population: Families with Children

Question #1: Availability of Service

- A: This service is
_____available
_____not available
- B: Has the availability of the service changed in the past five years?
_____More available
_____Less available
_____Same availability

Question #2: Importance of Service

A: Is this service important to child safety and permanency? (Check appropriate boxes)

	CHILD SAFETY	PERMANENCY
	Child Welfare Families	Child Welfare Families
Very Important		
Moderately Important		
Somewhat Important		
Not Important		
Not Relevant		

Comments: _____

Question #3: Accessibility of Service

- A: Is this service accessible (check all that apply):
_____Locally (within county)
_____Outside of county
 _____within one hour
 _____more than one hour
- B: If this service is accessible:
_____Immediate access (can provide within 7 days)
_____Client can access within 7-14 days
_____Client can access within 15-29 days
_____Client can access within 30-90 days
_____Client can access over 90 days/wait list for services
_____Unknown
- C: This service is provided by (check all that apply):

- ☐ County child welfare staff
☐ Other county HSD/51.42 staff
☐ Other county agencies
☐ Purchase of service/contract staff
☐ Community providers
☐ State (DCFS or other agency)
☐ Volunteers
☐ Other (specify _____)

Question #4: How is this service primarily funded? (check ONE primary source {highest percentage of funds utilized} and all secondary sources that apply)

	Primary Source	Secondary Source
Community resource (no county funding)		
Fee for Service		
County funded		
Federal funded		
State allocation		
Insurance (including Medicaid)		
Private funding (foundation or individual grants)		

Question #5: What barriers exist to client use of services? (check all that apply)

Barrier	Frequent Barrier Affects Many Cases	Infrequent Barrier Affects Few Cases
Lack of providers		
Provider capacity limits		
Provider competency		
Public awareness of service		
Quality of service		
Transportation		
Medicaid Transportation		
Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box): _____

Service 2: Clothing Assistance and Household items

Description: Assistance to families to help them secure needed clothing, for example, back-to school clothes, winter coats and other household needs (blankets, dishes etc.).

Population: Families with Children

Question #1: Availability of Service

- A: This service is
_____available
_____not available
- B: Has the availability of the service changed in the past five years?
_____More available
_____Less available
_____Same availability

Question #2: Importance of Service

A: Is this service important to child safety and permanency? (Check appropriate boxes)

	CHILD SAFETY	PERMANENCY
	Child Welfare Families	Child Welfare Families
Very Important		
Moderately Important		
Somewhat Important		
Not Important		
Not Relevant		

Comments: _____

Question #3: Accessibility of Service

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- C: This service is provided by (check all that apply):
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_____Other county HSD/51.42 staff
_____Other county agencies
_____Purchase of service/contract staff
_____Community providers
_____State (DCFS or other agency)

_____Volunteers
 _____Other (specify_____)

Question #4: How is this service primarily funded? (check ONE primary source {highest percentage of funds utilized} and all secondary sources that apply)

	Primary Source	Secondary Source
Community resource (no county funding)		
Fee for Service		
County funded		
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Insurance (including Medicaid)		
Private funding (foundation or individual grants)		

Question #5: What barriers exist to client use of services? (check all that apply)

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Provider capacity limits		
Provider competency		
Public awareness of service		
Quality of service		
Transportation		
Medicaid Transportation		
Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box):_____

Service 3: Food Pantries

Description: Programs that provide families with food donations.

Population: Families with Children

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- B: Has the availability of the service changed in the past five years?
____More available
____Less available
____Same availability

Question #2: Importance of Service

A: Is this service important to child safety and permanency? (Check appropriate boxes)

	CHILD SAFETY	PERMANENCY
	Child Welfare Families	Child Welfare Families
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Somewhat Important		
Not Important		
Not Relevant		

Comments: _____

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_____ Other (specify _____)

Question #4: How is this service primarily funded? (check ONE primary source {highest percentage of funds utilized} and all secondary sources that apply)

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Public awareness of service		
Quality of service		
Transportation		
Medicaid Transportation		
Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe) _____		

Overall Comments (box): _____

Service 4: Housing Assistance (county and city).

Description: Assistance in securing needed housing. This includes assistance in accessing publicly funded programs (mostly administered by the U.S. Department of Housing and Urban Development) designed to provide suitable homes for those unable to find or pay for them, including low-rent public housing, rent subsidies, home ownership assistance for low-income families, and home maintenance programs for low income people.

Population: Families with Children

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____Same availability

Question #2: Importance of Service

A: Is this service important to child safety and permanency? (Check appropriate boxes)

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Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box):_____

Service 5: Homeless Shelters

Description: Programs that provide temporary housing services to assist homeless persons and their children.

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Question #2: Importance of Service

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_____Volunteers

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Transportation		
Medicaid Transportation		
Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe) _____		

Overall Comments (box): _____

Service 6: Crisis Respite Care/Crisis Nurseries (county funded/short term).

Description: Assistance to families in securing and using child care to avoid a family crisis, for example, so a parent can obtain health care treatment. Child care may be provided free of charge or on a reduced sliding scale. This includes drop-in child care for parents who are stressed and fear they will maltreat their children.

Population: Families with Children

Question #1: Availability of Service

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Question #2: Importance of Service

A: Is this service important to child safety and permanency? (Check appropriate boxes)

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Quality of service		
Transportation		
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Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box):_____

Service 7: Transportation Assistance.

Description: Assistance in helping family members secure transportation for employment, keeping medical and other appointments, etc. This would include MA transportation and volunteer drivers.

Population: Families with Children

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_____Less available
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Question #2: Importance of Service

A: Is this service important to child safety and permanency? (Check appropriate boxes)

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_____Volunteers
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Question #4: How is this service primarily funded? (check ONE primary source {highest percentage of funds utilized} and all secondary sources that apply)

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Question #5: What barriers exist to client use of services? (check all that apply)

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Quality of service		
Transportation		
Medicaid Transportation		
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Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box):_____

Service 8: Crisis Intervention Stabilization Services for Families.

Description: Services to families in crisis who are at imminent risk of child maltreatment to return them to pre-crisis functioning. These services can include 24-hour services used for short-term emergencies and mobile mental health services. Foster families covered in Section IV.

Population: Families with Children

Question #1: Availability of Service

- A: This service is
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 _____ not available
- B: Has the availability of the service changed in the past five years?
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 _____ Less available
 _____ Same availability

Question #2: Importance of Service

A: Is this service important to child safety and permanency? (Check appropriate boxes)

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Comments: _____

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- C: This service is provided by (check all that apply):
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 _____ Other county agencies

- ☐ Purchase of service/contract staff
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☐ Other (specify _____)

Question #4: How is this service primarily funded? (check ONE primary source {highest percentage of funds utilized} and all secondary sources that apply)

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Transportation		
Medicaid Transportation		
Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box):_____

Service 9: Primary Child Health Care.

Description: Primary and basic health care services for children designed to treat, prevent, and detect physical and developmental disorders and to enhance children's physical emotional and social wellbeing. Important primary child health care services include well-baby services, immunizations, speech, language, hearing, and vision evaluations, urine and lead screenings, and assessments for disabilities and developmental delays. Medicaid's Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) is a primary child health care service available to qualifying children.

Population: Families with Children

Question #1: Availability of Service

- A: This service is
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_____not available
- B: Has the availability of the service changed in the past five years?
_____More available
_____Less available
_____Same availability

Question #2: Importance of Service

A: Is this service important to child safety and permanency? (Check appropriate boxes)

	CHILD SAFETY	PERMANENCY
	Child Welfare Families	Child Welfare Families
Very Important		
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Somewhat Important		
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Not Relevant		

Comments: _____

Question #3: Accessibility of Service

- A: Is this service accessible (check all that apply):
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- C: This service is provided by (check all that apply):
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_____Other county HSD/51.42 staff
_____Other county agencies

- ☐ Purchase of service/contract staff
☐ Community providers
☐ State (DCFS or other agency)
☐ Volunteers
☐ Other (specify _____)

Question #4: How is this service primarily funded? (check ONE primary source {highest percentage of funds utilized} and all secondary sources that apply)

	Primary Source	Secondary Source
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Question #5: What barriers exist to client use of services? (check all that apply)

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Quality of service		
Transportation		
Medicaid Transportation		
Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box):_____

Service 10: Preventative Child Dental Care (not emergency care)

Description: Provision of general dental care services to children who have Medicaid or are not covered by insurance. Services may be provided on a sliding fee scale. Includes mobile dental care for dental screenings at locations such as schools or day care centers.

Population: Families with Children

Question #1: Availability of Service

- A: This service is
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_____ not available
- B: Has the availability of the service changed in the past five years?
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_____ Same availability

Question #2: Importance of Service

A: Is this service important to child safety and permanency? (Check appropriate boxes)

	CHILD SAFETY	PERMANENCY
	Child Welfare Families	Child Welfare Families
Very Important		
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Somewhat Important		
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Not Relevant		

Comments: _____

Question #3: Accessibility of Service

- A: Is this service accessible (check all that apply):
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- C: This service is provided by (check all that apply):
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Question #4: How is this service primarily funded? (check ONE primary source {highest percentage of funds utilized} and all secondary sources that apply)

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Quality of service		
Transportation		
Medicaid Transportation		
Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box):_____

Service 11: Primary Adult Health Care.

Description: Primary and basic health care services for adults designed to treat, prevent, and detect physical disorders and to enhance adults' physical wellbeing. Important primary adult health care services include family planning, sexually transmitted disease testing and counseling (including HIV), and chronic disease services.

Population: Families with Children

Question #1: Availability of Service

- A: This service is
_____available
_____not available
- B: Has the availability of the service changed in the past five years?
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Question #2: Importance of Service

A: Is this service important to child safety and permanency? (Check appropriate boxes)

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- C: This service is provided by (check all that apply):
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Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box):_____

Service 12: Family Support Centers.

Description: Drop-in centers, located in neighborhoods and other natural gathering places, offering family services and supports, including peer supports. Centers may provide services such as information and referral, child care, clothing, transportation, advocacy to access services, meals and employment assistance under one roof.

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Transportation		
Medicaid Transportation		
Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box):_____

Service 13: Home Visits to Parents with Newborns.

Description: An early intervention and prevention program for new parents. Its purpose is to promote positive parenting and child health and development, thereby preventing child abuse, neglect, and other poor childhood outcomes.

Population: Families with Children

Question #1: Availability of Service

- A: This service is
_____available
_____not available
- B: Has the availability of the service changed in the past five years?
_____More available
_____Less available
_____Same availability

Question #2: Importance of Service

A: Is this service important to child safety and permanency? (Check appropriate boxes)

	CHILD SAFETY	PERMANENCY
	Child Welfare Families	Child Welfare Families
Very Important		
Moderately Important		
Somewhat Important		
Not Important		
Not Relevant		

Comments: _____

Question #3: Accessibility of Service

- A: Is this service accessible (check all that apply):
_____Locally (within county)
_____Outside of county
_____within one hour
_____more than one hour
- B: If this service is accessible:
_____Immediate access (can provide within 7 days)
_____Client can access within 7-14 days
_____Client can access within 15-29 days
_____Client can access within 30-90 days
_____Client can access over 90 days/wait list for services
_____Unknown
- C: This service is provided by (check all that apply):
_____County child welfare staff
_____Other county HSD/51.42 staff
_____Other county agencies
_____Purchase of service/contract staff
_____Community providers

_____ State (DCFS or other agency)
 _____ Volunteers
 _____ Other (specify _____)

Question #4: How is this service primarily funded? (check ONE primary source {highest percentage of funds utilized} and all secondary sources that apply)

	Primary Source	Secondary Source
Community resource (no county funding)		
Fee for Service		
County funded		
Federal funded		
State allocation		
Insurance (including Medicaid)		
Private funding (foundation or individual grants)		

Question #5: What barriers exist to client use of services? (check all that apply)

Barrier	Frequent Barrier Affects Many Cases	Infrequent Barrier Affects Few Cases
Lack of providers		
Provider capacity limits		
Provider competency		
Public awareness of service		
Quality of service		
Transportation		
Medicaid Transportation		
Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box):_____

Service 14: Parent Education (or Parenting Classes).

Description: General education programs to teach parents how to be effective in child rearing and socialization, parent-child communication, and problem solving. Knowledge and skill development in such areas as disciplining children, anger management, and child development.

Population: Families with Children

Question #1: Availability of Service

- A: This service is
_____available
_____not available
- B: Has the availability of the service changed in the past five years?
_____More available
_____Less available
_____Same availability

Question #2: Importance of Service

A: Is this service important to child safety and permanency? (Check appropriate boxes)

	CHILD SAFETY	PERMANENCY
	Child Welfare Families	Child Welfare Families
Very Important		
Moderately Important		
Somewhat Important		
Not Important		
Not Relevant		

Comments: _____

Question #3: Accessibility of Service

- A: Is this service accessible (check all that apply):
_____Locally (within county)
_____Outside of county
 _____within one hour
 _____more than one hour
- B: If this service is accessible:
_____Immediate access (can provide within 7 days)
_____Client can access within 7-14 days
_____Client can access within 15-29 days
_____Client can access within 30-90 days
_____Client can access over 90 days/wait list for services
_____Unknown
- C: This service is provided by (check all that apply):
_____County child welfare staff
_____Other county HSD/51.42 staff
_____Other county agencies
_____Purchase of service/contract staff
_____Community providers

_____ State (DCFS or other agency)
 _____ Volunteers
 _____ Other (specify _____)

Question #4: How is this service primarily funded? (check ONE primary source {highest percentage of funds utilized} and all secondary sources that apply)

	Primary Source	Secondary Source
Community resource (no county funding)		
Fee for Service		
County funded		
Federal funded		
State allocation		
Insurance (including Medicaid)		
Private funding (foundation or individual grants)		

Question #5: What barriers exist to client use of services? (check all that apply)

Barrier	Frequent Barrier Affects Many Cases	Infrequent Barrier Affects Few Cases
Lack of providers		
Provider capacity limits		
Provider competency		
Public awareness of service		
Quality of service		
Transportation		
Medicaid Transportation		
Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box):_____

Service 15: Life Skills Training/Household Management

Description: Individualized and classroom instruction, practical training, guidance, and mentoring to help people develop their abilities to carry out activities of daily living, such as home management, budgeting, nutrition, meal planning and preparation, home maintenance, sanitation, personal hygiene, finding and maintaining appropriate educational and vocational opportunities, using the social system to obtain needed assistance, and maintaining positive social interactions.

Population: Families with Children

Question #1: Availability of Service

- A: This service is
_____available
_____not available
- B: Has the availability of the service changed in the past five years?
_____More available
_____Less available
_____Same availability

Question #2: Importance of Service

A: Is this service important to child safety and permanency? (Check appropriate boxes)

	CHILD SAFETY	PERMANENCY
	Child Welfare Families	Child Welfare Families
Very Important		
Moderately Important		
Somewhat Important		
Not Important		
Not Relevant		

Comments: _____

Question #3: Accessibility of Service

- A: Is this service accessible (check all that apply):
_____Locally (within county)
_____Outside of county
 _____within one hour
 _____more than one hour
- B: If this service is accessible:
_____Immediate access (can provide within 7 days)
_____Client can access within 7-14 days
_____Client can access within 15-29 days
_____Client can access within 30-90 days
_____Client can access over 90 days/wait list for services
_____Unknown
- C: This service is provided by (check all that apply):
_____County child welfare staff
_____Other county HSD/51.42 staff
_____Other county agencies

- ☐ Purchase of service/contract staff
☐ Community providers
☐ State (DCFS or other agency)
☐ Volunteers
☐ Other (specify _____)

Question #4: How is this service primarily funded? (check ONE primary source {highest percentage of funds utilized} and all secondary sources that apply)

	Primary Source	Secondary Source
Community resource (no county funding)		
Fee for Service		
County funded		
Federal funded		
State allocation		
Insurance (including Medicaid)		
Private funding (foundation or individual grants)		

Question #5: What barriers exist to client use of services? (check all that apply)

Barrier	Frequent Barrier Affects Many Cases	Infrequent Barrier Affects Few Cases
Lack of providers		
Provider capacity limits		
Provider competency		
Public awareness of service		
Quality of service		
Transportation		
Medicaid Transportation		
Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box):_____

Service 16: Parent Aide Services

Description: Services help parents maintain or regain custody of their children by receiving instruction, demonstration and assistance in performing household tasks.

Population: Families with Children

Question #1: Availability of Service

- A: This service is
_____available
_____not available
- B: Has the availability of the service changed in the past five years?
_____More available
_____Less available
_____Same availability

Question #2: Importance of Service

A: Is this service important to child safety and permanency? (Check appropriate boxes)

	CHILD SAFETY	PERMANENCY
	Child Welfare Families	Child Welfare Families
Very Important		
Moderately Important		
Somewhat Important		
Not Important		
Not Relevant		

Comments: _____

Question #3: Accessibility of Service

- A: Is this service accessible (check all that apply):
_____Locally (within county)
_____Outside of county
 _____within one hour
 _____more than one hour
- B: If this service is accessible:
_____Immediate access (can provide within 7 days)
_____Client can access within 7-14 days
_____Client can access within 15-29 days
_____Client can access within 30-90 days
_____Client can access over 90 days/wait list for services
_____Unknown
- C: This service is provided by (check all that apply):
_____County child welfare staff
_____Other county HSD/51.42 staff
_____Other county agencies
_____Purchase of service/contract staff
_____Community providers
_____State (DCFS or other agency)

_____Volunteers
 _____Other (specify_____)

Question #4: How is this service primarily funded? (check ONE primary source {highest percentage of funds utilized} and all secondary sources that apply)

	Primary Source	Secondary Source
Community resource (no county funding)		
Fee for Service		
County funded		
Federal funded		
State allocation		
Insurance (including Medicaid)		
Private funding (foundation or individual grants)		

Question #5: What barriers exist to client use of services? (check all that apply)

Barrier	Frequent Barrier Affects Many Cases	Infrequent Barrier Affects Few Cases
Lack of providers		
Provider capacity limits		
Provider competency		
Public awareness of service		
Quality of service		
Transportation		
Medicaid Transportation		
Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box):_____

Service 17: Parents Support Groups/Mentoring for Adults

Description: Private voluntary organizations comprised of parents who have experienced difficulties dealing with their children and who provide one another with mutual support. Includes programs that provide a peer mentor who has successfully dealt with an issue to an adult in need. Participants can be “alumni” of child welfare services.

Population: Families with Children

Question #1: Availability of Service

- A: This service is
_____available
_____not available
- B: Has the availability of the service changed in the past five years?
_____More available
_____Less available
_____Same availability

Question #2: Importance of Service

A: Is this service important to child safety and permanency? (Check appropriate boxes)

	CHILD SAFETY	PERMANENCY
	Child Welfare Families	Child Welfare Families
Very Important		
Moderately Important		
Somewhat Important		
Not Important		
Not Relevant		

Comments: _____

Question #3: Accessibility of Service

- A: Is this service accessible (check all that apply):
_____Locally (within county)
_____Outside of county
 _____within one hour
 _____more than one hour
- B: If this service is accessible:
_____Immediate access (can provide within 7 days)
_____Client can access within 7-14 days
_____Client can access within 15-29 days
_____Client can access within 30-90 days
_____Client can access over 90 days/wait list for services
_____Unknown
- C: This service is provided by (check all that apply):
_____County child welfare staff
_____Other county HSD/51.42 staff
_____Other county agencies
_____Purchase of service/contract staff

☐ Community providers
☐ State (DCFS or other agency)
☐ Volunteers
☐ Other (specify _____)

Question #4: How is this service primarily funded? (check ONE primary source {highest percentage of funds utilized} and all secondary sources that apply)

	Primary Source	Secondary Source
Community resource (no county funding)		
Fee for Service		
County funded		
Federal funded		
State allocation		
Insurance (including Medicaid)		
Private funding (foundation or individual grants)		

Question #5: What barriers exist to client use of services? (check all that apply)

Barrier	Frequent Barrier Affects Many Cases	Infrequent Barrier Affects Few Cases
Lack of providers		
Provider capacity limits		
Provider competency		
Public awareness of service		
Quality of service		
Transportation		
Medicaid Transportation		
Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box):_____

Service 18: Head Start or Other Early Childhood Education.

Description: Assisting families to participate in programs to provide preschool children of disadvantaged families compensatory education to offset effects of social deprivation.

Population: Families with Children

Question #1: Availability of Service

- A: This service is
_____available
_____not available
- B: Has the availability of the service changed in the past five years?
_____More available
_____Less available
_____Same availability

Question #2: Importance of Service

A: Is this service important to child safety and permanency? (Check appropriate boxes)

	CHILD SAFETY	PERMANENCY
	Child Welfare Families	Child Welfare Families
Very Important		
Moderately Important		
Somewhat Important		
Not Important		
Not Relevant		

Comments: _____

Question #3: Accessibility of Service

- A: Is this service accessible (check all that apply):
_____Locally (within county)
_____Outside of county
 _____within one hour
 _____more than one hour
- B: If this service is accessible:
_____Immediate access (can provide within 7 days)
_____Client can access within 7-14 days
_____Client can access within 15-29 days
_____Client can access within 30-90 days
_____Client can access over 90 days/wait list for services
_____Unknown
- C: This service is provided by (check all that apply):
_____County child welfare staff
_____Other county HSD/51.42 staff
_____Other county agencies
_____Purchase of service/contract staff
_____Community providers
_____State (DCFS or other agency)

_____Volunteers
 _____Other (specify_____)

Question #4: How is this service primarily funded? (check ONE primary source {highest percentage of funds utilized} and all secondary sources that apply)

	Primary Source	Secondary Source
Community resource (no county funding)		
Fee for Service		
County funded		
Federal funded		
State allocation		
Insurance (including Medicaid)		
Private funding (foundation or individual grants)		

Question #5: What barriers exist to client use of services? (check all that apply)

Barrier	Frequent Barrier Affects Many Cases	Infrequent Barrier Affects Few Cases
Lack of providers		
Provider capacity limits		
Provider competency		
Public awareness of service		
Quality of service		
Transportation		
Medicaid Transportation		
Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box):_____

Service 19: School-Based Family Resource Workers.

Description: Social service workers stationed in schools to provide family support and other preventive services. This includes workers stationed by human service or non profit organizations. Does not include workers employed by school districts.

Population: Families with Children

Question #1: Availability of Service

- A: This service is
_____available
_____not available
- B: Has the availability of the service changed in the past five years?
_____More available
_____Less available
_____Same availability

Question #2: Importance of Service

A: Is this service important to child safety and permanency? (Check appropriate boxes)

	CHILD SAFETY	PERMANENCY
	Child Welfare Families	Child Welfare Families
Very Important		
Moderately Important		
Somewhat Important		
Not Important		
Not Relevant		

Comments: _____

Question #3: Accessibility of Service

- A: Is this service accessible (check all that apply):
_____Locally (within county)
_____Outside of county
 _____within one hour
 _____more than one hour
- B: If this service is accessible:
_____Immediate access (can provide within 7 days)
_____Client can access within 7-14 days
_____Client can access within 15-29 days
_____Client can access within 30-90 days
_____Client can access over 90 days/wait list for services
_____Unknown
- C: This service is provided by (check all that apply):
_____County child welfare staff
_____Other county HSD/51.42 staff
_____Other county agencies
_____Purchase of service/contract staff
_____Community providers

_____ State (DCFS or other agency)
 _____ Volunteers
 _____ Other (specify _____)

Question #4: How is this service primarily funded? (check ONE primary source {highest percentage of funds utilized} and all secondary sources that apply)

	Primary Source	Secondary Source
Community resource (no county funding)		
Fee for Service		
County funded		
Federal funded		
State allocation		
Insurance (including Medicaid)		
Private funding (foundation or individual grants)		

Question #5: What barriers exist to client use of services? (check all that apply)

Barrier	Frequent Barrier Affects Many Cases	Infrequent Barrier Affects Few Cases
Lack of providers		
Provider capacity limits		
Provider competency		
Public awareness of service		
Quality of service		
Transportation		
Medicaid Transportation		
Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box):_____

Service 20: Before- and/or After-School Programs.

Description: Assisting families to participate in educational and recreational services for children before and/or after the school day hours. The purpose is to provide safe, supervised activities for children, and the program supplies support—and in some cases respite—for family caregivers. Core services may include homework help, therapy, enrichment activities, and/or transportation home. For older children, core services may include life and socialization skills building, pre-employment skills and link to part-time work where appropriate, tutoring, computer time, field trips to enhance life experiences, sports and artistic activities, community service, free time, and/or snack/dinner.

Population: Families with Children

Question #1: Availability of Service

- A: This service is
_____available
_____not available
- B: Has the availability of the service changed in the past five years?
_____More available
_____Less available
_____Same availability

Question #2: Importance of Service

A: Is this service important to child safety and permanency? (Check appropriate boxes)

	CHILD SAFETY	PERMANENCY
	Child Welfare Families	Child Welfare Families
Very Important		
Moderately Important		
Somewhat Important		
Not Important		
Not Relevant		

Comments: _____

Question #3: Accessibility of Service

- A: Is this service accessible (check all that apply):
_____Locally (within county)
_____Outside of county
 _____within one hour
 _____more than one hour
- B: If this service is accessible:
_____Immediate access (can provide within 7 days)
_____Client can access within 7-14 days
_____Client can access within 15-29 days
_____Client can access within 30-90 days
_____Client can access over 90 days/wait list for services
_____Unknown
- C: This service is provided by (check all that apply):

- ☐ County child welfare staff
☐ Other county HSD/51.42 staff
☐ Other county agencies
☐ Purchase of service/contract staff
☐ Community providers
☐ State (DCFS or other agency)
☐ Volunteers
☐ Other (specify _____)

Question #4: How is this service primarily funded? (check ONE primary source {highest percentage of funds utilized} and all secondary sources that apply)

	Primary Source	Secondary Source
Community resource (no county funding)		
Fee for Service		
County funded		
Federal funded		
State allocation		
Insurance (including Medicaid)		
Private funding (foundation or individual grants)		

Question #5: What barriers exist to client use of services? (check all that apply)

Barrier	Frequent Barrier Affects Many Cases	Infrequent Barrier Affects Few Cases
Lack of providers		
Provider capacity limits		
Provider competency		
Public awareness of service		
Quality of service		
Transportation		
Medicaid Transportation		
Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box): _____

Service 21: Mentoring for Children and Youth.

Description: The provision of a mentor to a child or youth who is lacking parental support or positive role models. The purpose of mentoring services is to foster caring and supportive relationships for children. Big Brothers/Big Sisters is one such mentoring program. Mentors, who work under professional supervision, provide individual guidance and companionship to boys and girls deprived of parental support.

Population: Families with Children

Question #1: Availability of Service

- A: This service is
 ___ available
 ___ not available
- B: Has the availability of the service changed in the past five years?
 ___ More available
 ___ Less available
 ___ Same availability

Question #2: Importance of Service

- A: Is this service important to child safety and permanency? (Check appropriate boxes)

	CHILD SAFETY	PERMANENCY
	Child Welfare Families	Child Welfare Families
Very Important		
Moderately Important		
Somewhat Important		
Not Important		
Not Relevant		

Comments: _____

Question #3: Accessibility of Service

- A: Is this service accessible (check all that apply):
 ___ Locally (within county)
 ___ Outside of county
 ___ within one hour
 ___ more than one hour
- B: If this service is accessible:
 ___ Immediate access (can provide within 7 days)
 ___ Client can access within 7-14 days
 ___ Client can access within 15-29 days
 ___ Client can access within 30-90 days
 ___ Client can access over 90 days/wait list for services
 ___ Unknown
- C: This service is provided by (check all that apply):
 ___ County child welfare staff
 ___ Other county HSD/51.42 staff
 ___ Other county agencies

- ☐ Purchase of service/contract staff
☐ Community providers
☐ State (DCFS or other agency)
☐ Volunteers
☐ Other (specify _____)

Question #4: How is this service primarily funded? (check ONE primary source {highest percentage of funds utilized} and all secondary sources that apply)

	Primary Source	Secondary Source
Community resource (no county funding)		
Fee for Service		
County funded		
Federal funded		
State allocation		
Insurance (including Medicaid)		
Private funding (foundation or individual grants)		

Question #5: What barriers exist to client use of services? (check all that apply)

Barrier	Frequent Barrier Affects Many Cases	Infrequent Barrier Affects Few Cases
Lack of providers		
Provider capacity limits		
Provider competency		
Public awareness of service		
Quality of service		
Transportation		
Medicaid Transportation		
Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box):_____

Service 22: Child Abuse and Neglect Outreach/Education.

Description: Education of and outreach to community stakeholders and mandated reporters (for example, teachers, clergy, etc.) about child abuse and neglect. Education may include indicators of maltreatment, reporting requirements, services available, etc., in an effort to prevent abuse and neglect or provide early intervention before the problem worsens.

Population: Families with Children

Question #1: Availability of Service

- A: This service is
_____available
_____not available
- B: Has the availability of the service changed in the past five years?
_____More available
_____Less available
_____Same availability

Question #2: Importance of Service

A: Is this service important to child safety and permanency? (Check appropriate boxes)

	CHILD SAFETY	PERMANENCY
	Child Welfare Families	Child Welfare Families
Very Important		
Moderately Important		
Somewhat Important		
Not Important		
Not Relevant		

Comments: _____

Question #3: Accessibility of Service

- A: Is this service accessible (check all that apply):
_____Locally (within county)
_____Outside of county
 _____within one hour
 _____more than one hour
- B: If this service is accessible:
_____Immediate access (can provide within 7 days)
_____Client can access within 7-14 days
_____Client can access within 15-29 days
_____Client can access within 30-90 days
_____Client can access over 90 days/wait list for services
_____Unknown
- C: This service is provided by (check all that apply):
_____County child welfare staff
_____Other county HSD/51.42 staff
_____Other county agencies

- ☐ Purchase of service/contract staff
☐ Community providers
☐ State (DCFS or other agency)
☐ Volunteers
☐ Other (specify _____)

Question #4: How is this service primarily funded? (check ONE primary source {highest percentage of funds utilized} and all secondary sources that apply)

	Primary Source	Secondary Source
Community resource (no county funding)		
Fee for Service		
County funded		
Federal funded		
State allocation		
Insurance (including Medicaid)		
Private funding (foundation or individual grants)		

Question #5: What barriers exist to client use of services? (check all that apply)

Barrier	Frequent Barrier Affects Many Cases	Infrequent Barrier Affects Few Cases
Lack of providers		
Provider capacity limits		
Provider competency		
Public awareness of service		
Quality of service		
Transportation		
Medicaid Transportation		
Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box):_____

Service 23: Child and Family Advocacy.

Description: Advocacy for children and families on two levels: (1) for an individual child and/or family who has some immediate, unmet needs; and (2) to remove service barriers preventing multiple families from getting the services and supports they need. This includes voluntary advocacy services. Court appointed special advocates (CASA) programs are covered under item 51.

Population: Families with Children

Question #1: Availability of Service

- A: This service is
____available
____not available
- B: Has the availability of the service changed in the past five years?
____More available
____Less available
____Same availability

Question #2: Importance of Service

A: Is this service important to child safety and permanency? (Check appropriate boxes)

	CHILD SAFETY	PERMANENCY
	Child Welfare Families	Child Welfare Families
Very Important		
Moderately Important		
Somewhat Important		
Not Important		
Not Relevant		

Comments: _____

Question #3: Accessibility of Service

- A: Is this service accessible (check all that apply):
____Locally (within county)
____Outside of county
____within one hour
____more than one hour
- B: If this service is accessible:
____Immediate access (can provide within 7 days)
____Client can access within 7-14 days
____Client can access within 15-29 days
____Client can access within 30-90 days
____Client can access over 90 days/wait list for services
____Unknown
- C: This service is provided by (check all that apply):
____County child welfare staff
____Other county HSD/51.42 staff
____Other county agencies

- ☐ Purchase of service/contract staff
☐ Community providers
☐ State (DCFS or other agency)
☐ Volunteers
☐ Other (specify _____)

Question #4: How is this service primarily funded? (check ONE primary source {highest percentage of funds utilized} and all secondary sources that apply)

	Primary Source	Secondary Source
Community resource (no county funding)		
Fee for Service		
County funded		
Federal funded		
State allocation		
Insurance (including Medicaid)		
Private funding (foundation or individual grants)		

Question #5: What barriers exist to client use of services? (check all that apply)

Barrier	Frequent Barrier Affects Many Cases	Infrequent Barrier Affects Few Cases
Lack of providers		
Provider capacity limits		
Provider competency		
Public awareness of service		
Quality of service		
Transportation		
Medicaid Transportation		
Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box):_____